

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

**B00158720**

Building Address 12673 Triadelphia Road  
51104 CL MD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: (LOOPHOLE)  
 Census Tract 603000 Subdivision BENSON  
 Section 1 Area Block B Lot 1  
 Tax Map 22 Parcel 188 Grid 5  
 Zoning RL-DED Map Coordinates 1023 Lot size 40,000/60

Property Owner's Name MIKE KRAYS  
 Address 12673 Triadelphia Road  
 City 51104 CL State MD Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone 443-326-6296 Fax 410-961-9695

Existing Use Pool  
 Proposed Use POOL ADDITION  
 Estimated Construction Cost \$ 20,000  
 Description of Work ADD 16x26 MASTER BEDROOM  
ADD 8x12 1/2 BATH ROOM

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: <u>20'</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>32</u> 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

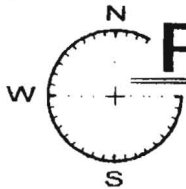
[Signature]  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

MIKE KRAYS  
 Print Name  
3/27/06  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

69083

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dist. Engineering DPZ	<u>4/19/06</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Subsequent Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1652</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>110422</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
Lot Coverage for New Town Zone _____			SDP/Red-line approval date _____	



# Placek & Associates, Inc.

Engineers & Surveyors

10319 CITATION WAY  
LAUREL, MD, 20723  
FAX 410-880-4752  
301-362-1031

## LAKEWAY DRIVE

TRIADELPHIA ROAD

$R = 25.00'$   
 $L = 39.27'$

S 41°58'49" E 153.77'

N 48°21'11" E 145.85'

76±

75' BRL

40' BRL

*000158720*  
*addition*  
*ok as*  
*shown*  
*4/19/06*

MACADAM DRIVE

60±

30.5'

212±

131'

103'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

8'

LOT 1

LOT 2

N 08°14'40" W

5' UTILITY EASEMENT

214.14'

288.74'

S 48°21'11" W

FENCE



### LOCATION DRAWING FOR: 12673 TRIADELPHIA ROAD

1. This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing.
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for transfer of title, securing financing, or refinancing.
4. A property line survey is necessary to determine the exact location of improvements and encroachments, if any.
5. Distances to property lines are accurate to within 1-foot, unless otherwise shown.
6. All fences shown hereon are approximately located.
7. No title report furnished.

**CERTIFICATION:**

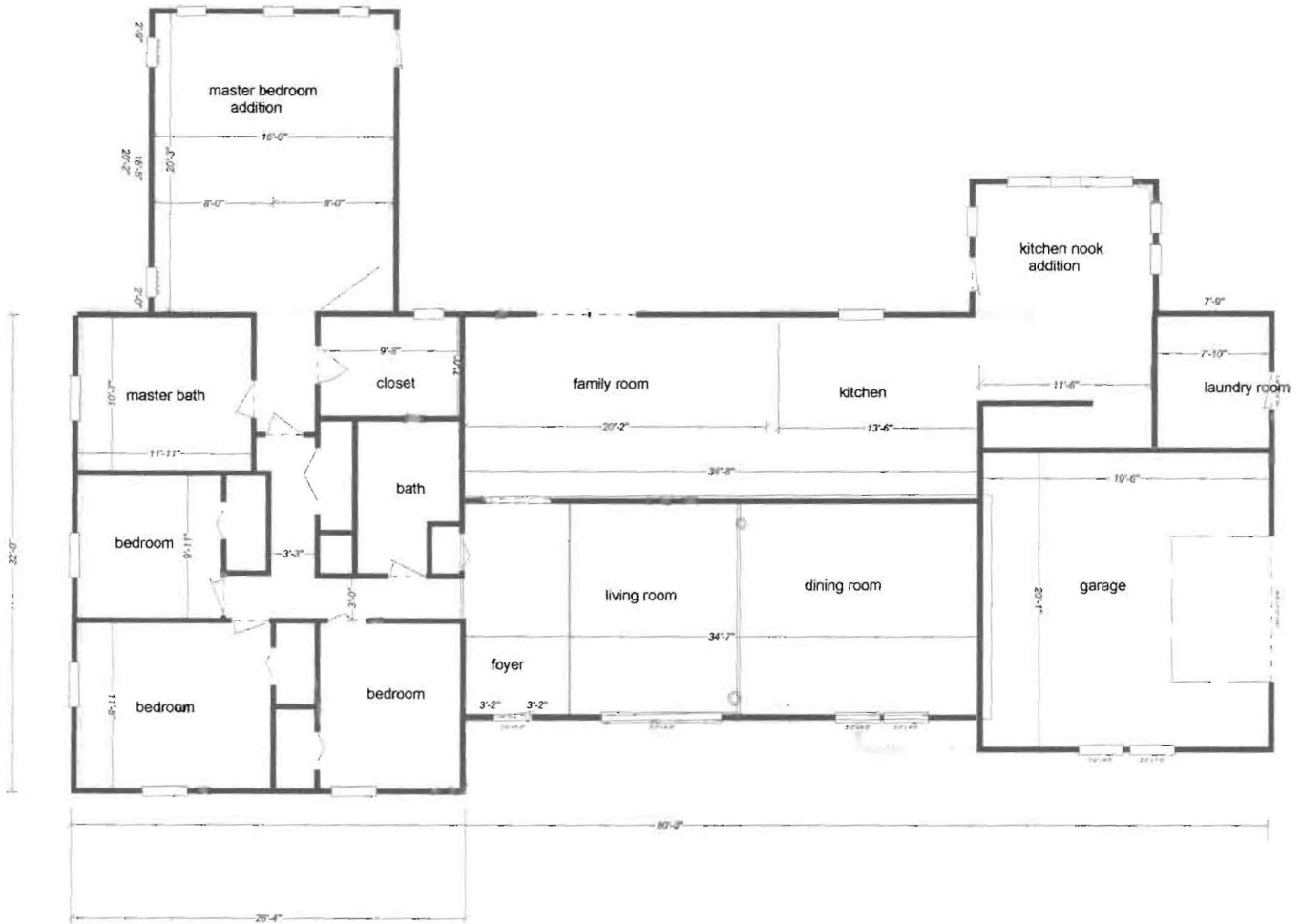
This is to certify that the improvements indicated hereon are located as shown.

*Gerald A. Placek*

Gerald A. Placek

L.S. NO. 21259

LIBER	_____	FOLIO	_____
LOT	1	BLOCK	B
SECT.	1	PLAT	_____
SUBD.	BENSON		
PLAT BOOK	18	FOLIO	79
COUNTY	HOWARD		
SCALE	1"=40'	CASE NO.	09003386BP
DATE	1/24/06	JOB NO.	UNV06-014



Note:

- dimensions for general purpose only; construction plan dimensions will vary

## General First Floor Room Plan